

Application Data Sheet

Application Information

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|----------------------------------|----------------------------|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | SWITCHED-MODE POWER SUPPLY |
| Attorney Docket Number:: | 02P18560 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: PAOLO
Middle Name::
Family Name:: DE ANNA
City of Residence:: RIESE PIO X
State or Province of Residence:: TREVISO
Country of Residence:: ITALY
Street of Mailing Address:: QUART. CORAZZA 28
City of Mailing Address:: RIESE PIO X
State or Province of Mailing Address:: TREVISO
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: 31039

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: UGO
Middle Name::
Family Name:: FRANCESCUTTI
City of Residence:: PONZANO VENETO
State or Province of Residence:: TREVISO
Country of Residence:: ITALY
Street of Mailing Address:: VIA CATTANEO 5/A
City of Mailing Address:: PONZANO VENETO
State or Province of Mailing Address:: TREVISO
Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 31050

Correspondence Information

Correspondence Customer Number:: 24,252
Name:: OSRAM SYLVANIA
Street of Mailing Address:: 100 Endicott Street
City of Mailing Address:: Danvers
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01923
Phone Number:: 978-777-1900
Fax Number::
E-Mail Address::

Representative Information

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|----------------------------------|--------|
| Representative Customer Number:: | 24,252 |
|----------------------------------|--------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| GERMANY | 102 57 908.3 | 12/11/02 | Yes |
| | | | |

Assignment Information

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT
FÜR ELEKTRISCH GLÜHLAMPEN MBH

Street of Mailing Address:: Hellabrunner Str. 1

City of Mailing Address:: MÜNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543